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21069 7590 02/04/2004

AMGEN INCORPORATED
MAIL STOP 27-4-A
ONE AMGEN CENTER DRIVE
THOUSAND OAKS, CA 91320-1799

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Nola J. Diamond	(Depositor's name)
<i>Nola J. Diamond</i>	(Signature)
5/4/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/843,221	04/26/2001	Paul Kostenuik	A-665B	8369

TITLE OF INVENTION: MODULATORS OF RECEPTORS FOR PARATHYROID HORMONE AND PARATHYROID HORMONE-RELATED PROTEIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NICHOLS, CHRISTOPHER J	1647	530-387100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Robert B. Winter

2 Stuart L. Watt

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Amgen Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Thousand Oaks, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 15

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0519 (enclose an extra copy of this form).

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5-4-04

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05/10/2004 HAL122 00000083 010519 09843221

01 FC:1501

1330.00 DA

02 FC:1504

300.00 DA

03 FC:8001

45.00 DA

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